



## UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE

| Address to:  |   |                         |             | Attomey Docket   | No.   | JEK/BEU/OLAFSSON |            |  |
|--|---|-------------------------|-------------|--|---|------------------|------------|--|
| Assistant Commissioner for Patents Box PATENT APPLICATION          |   |                         |             | First Named Inve<br>(or identifier)  | entor   | Sveinn OLAFS     | LAFSSON    |  |
| Washington, DC 20231   |   |                         | Total Pages |  | 44(Including Transmittals)                    |                  |            |  |
| Transmitted herewith is a patent application under 37 CFR 1.53(b). |   |                         |             |  |   |                  |            |  |
| I May I and Amportus Es  |   |                         |             | Processing Materials By Applying A Controlled<br>les Or Shockwaves Through A Growth Medium |   |                  |            |  |
| ⊠ 1.   | Submitted herewith are the following:  26 pages of specification/1 application cover sheet.  1 Abstract. 6 sheet(s) of drawings - INFORMAL (Figures 1-7, 8a, 8b, 9a-9d and 10-14).  |                         |             |  |   |                  |            |  |
| ⊠ 2.   | B pages of claim(s) 1-46 (3 independent/43 dependent/6 multiple dependent/8.  1 Oath/Declaration signed by each inventor. 1 signed Inventor Small Entity Statement(s). 0 signed non-Inventor Small Entity Statement(s). 0 signed Small Business Small Entity Statement(s). 0 signed Non-Profit Small Entity Statement(s). 0 Preliminary Amendment. 0 Information Disclosure Statement(s). 0 pages of Form PTO-1449, and one copy of each document listed thereon. 0 Assignment of the invention, Cover Sheet, and payment of the \$ recordation fee. 0 certified copy of application no filed in Priority is claimed. 1 check in the amount of \$579 including any assignment recordation fee.  |                         |             |  |   |                  |            |  |
| □ 3.   | fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.  |                         |             |  |   |                  |            |  |
| - 0.   | provisional application number filed  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification: - This application is a Continuation-in-part  ### date of the specification is a Continuation-in-part  ### date of the specification-in-part  ### date of the specification-in-part |                         |             |  |   |                  |            |  |
| 4.   | Insert before the first sentence of the specification: This application is a community of nonprovisional application number filed /   |                         |             |  |   |                  |            |  |
| □ 5. Other:  |   |                         |             |  |   |                  |            |  |
| THE FILING FEE IS CALCULATED AS FOLLOWS                            |   |                         |             |  |   | Basic Fee:       | \$690.00   |  |
|  | Total Claims: 46 - 20   |                         | - 20 =      |  | 26  | X \$18 =         | 468.00     |  |
| Independent Claims: 3  |   | - 3 =                   |             | 0  | X \$78 =                                      |                  |            |  |
| Correspondence Address:  |   |                         |             | Mu   | Multiple Dependent Claim (add \$260.00):      |                  | \$1,158.00 |  |
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| Alexandria, VA 22314-1   |   |                         | 14-1176     |  | 50% Reduction if Small Entity Status:  Total: |                  | \$579.00   |  |
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| Date:  |   | Name:                   |             |  | <b></b>                                       | Signature:       | 11.69.110. |  |
| 26 September 2000  |   | Benjamin E. Urcia, Esqu |             | , Esquire  | By  | -5h_             | 33,805     |  |